593 The husband or father is not a tyrant. Nevertheless the wife is unlikely to challenge her husband directly on any important matter. If she is scolded, she may continue with her work in silence, ignoring her husband.

562 177 Women who have lived abroad in places like Hawaii or who have experienced the metropolitan life of Japanese cities are more likely to be dissatisfied. Occasionally one meets a woman who thinks this is a man's world (otoko no tenka) and that women should have more privileges than they now have. This attitude has been sharpened through American influences, directly by contact with American soldiers and civilians, indirectly by discussions which appear in Japanese periodicals of the life of American women. How widely this attitude exists is difficult to say, though I believe that at present (January 1952) it is not a strong force among women in the villages.

562 Though her place is at home, the woman is by no means removed from the wider aspects of village life. She may take an active part in the Women's Association. She may handle the family money or part of it. She may operate a little store to supplement her husband's income from the fields, or if she is a widow, to provide for her own support. She may participate in mutual loan groups. And she may be the head of a household.

8

Public Health

515 511 ● 751 The people of the villages are conscious of health and sanitation, an awareness gained under the Japanese. This awareness and desire for cleanliness and sanitation meet major obstacles in the lack of running water, the distance to public baths, the expense and trouble (or both) of heating quantities of water, the cost of soap, the poorness of the outdoor toilets especially in the devastated areas.

An analysis of village health problems requires the specialized knowledge of the physician or doctor of public health. The observations of a layman however may have some interest.

511 364 751 The general sanitary conditions are not good. The weak spots are (1) Poor outdoor toilets and their haphazard location with relation to wells. (2) The dirty and smoky Okinawan kitchen. Many have dirt floors and little effort is made to keep them clean. The situation is better with the stone floor or cemented kitchen. Women complain about smoke smarting and injuring their eyes. All of the rooms of an Okinawan house, especially in winter, are likely to be very smoky around meal times. (3) Food preparation and dishwashing are often done in dirty surroundings. Foods are fried or boiled, and this is all to the good. In making tea, the water is seldom boiled; more often it is only brought to a boil or allowed to get hot.

1: Glacken E-5 (1951-1952) 1953 AC7 Okinawa AC7

Nevertheless, to superficial observation at least, villagers seem to enjoy good health. Most of them are energetic. Obesity is very unusual. The average man or woman of any age has little spare flesh. The most frequent complaints are of dysentery, constipation, colds, boils and swellings, and intestinal parasites. There are signs of malnutrition in the distended bellies of some small children, probably due to the unrelieved and starchy diet of the sweet potato,[6] with extremely few animal fats and proteins.

The sores and scabs on the heads, faces, arms, and legs of infants and young children are still the curse of childhood, conditions made worse by the flies which swarm around them. (In summer, I have seen as many as 20 flies on the face of a sleeping child without a trace of any muscular reaction). There are few Okinawans today who do not bear the scars of these sores of infancy, especially on the scalp. (Young men are sensitive about this and it is one reason also for keeping the hair long). Younger parents now are beginning to use various disinfecting powders and talcs to prevent these sores (which look like impetigo) and seem to have abandoned the attitude of a previous generation that these were childhood experiences to be endured. Much could be done to eliminate these diseases of childhood by a campaign in which local groups like the Women's Association and the public health authorities joined.

In the summer months, Jap B encephalitis (known as nōen) is very much dreaded. Some villagers had only a vague idea that it was a brain fever and a few knew that the mosquito was the vector.

According to residents of each of the villages, no cases of leprosy had been discovered in recent years. This disease is also dreaded and I doubt that an attempt would be made to conceal a case.

Young people have uncommonly beautiful, evenly spaced, white teeth. This seems to have been an Okinawan characteristic for a long time, as Basil Hall commented upon it 135 years ago. Around the late teens or early twenties, the teeth decay, and there are many extractions and replacements with gold or steel false teeth. Some extractions are intentional, especially among young girls who believe that a gold tooth sets them apart and adds to beauty. But I am convinced that this is of minor importance as an explanation. Okinawans

6 I am not acquainted with any analyses of the composition of the Okinawan sweet potato. In laboratory tests of an improved high-starch American variety, the composition when ground for starch was: moisture, 64.5%; starch, 25.5%; sugars, 2.8%; crude protein, 1.5%; pectic substances, 2.2%; crude fat, 0.6%; mineral matter, 0.9%; other, 2%. Sweet potato carotene can be readily converted to Vitamin A. See Dawson, P. R., Greathouse, L. H., and Gordon, W. O. Sweet potatoes: more than starch. In: Crops in peace and war. (U. S. Dept. of Agric., The yearbook of agriculture 1950-51) Washington, 195-203. Ref. on 195, 201.

2:Maretzki & Maretzki E-5 (1954-1955) 1963 AC7 Okinawa AC7
Taira

diseases seemed to be below the expected rate for Okinawa, in general, and we had the impression that Taira people are healthy on the whole. Only one case of leprosy, which had been removed to a special hospital on the island of Yagaji, was reported from Taira.

Among the children there were frequent complaints of intestinal diseases. Most children seem to lodge a variety of parasites, mostly hookworms and tapeworms, and many were subject to skin ailments. One girl had a severe case of what was thought by the nurse to be congenital syphilis. The skin of her whole body was covered with sores which were a constant source of irritation. This 4-year-old never appeared in the company of children other than her younger sister. She would stand in front of her house, her face swollen, her head stooped from discomfort and embarrassment. Almost all children have impetigo and various kinds of rashes. During the summer these cover their faces and parts of the body. Almost all have marks of boils which have plagued them in the course of years.

Because sickness is always a threat, it creates fear, and any explanation which may restore some hope is important knowledge. Although some Western or modern theories about disease have been introduced recently through the school and the village nurse, they filter into every house only slowly and do not materially affect what has been handed down as popular knowledge from older members of each household. Most Taira people are probably quite eclectic in their beliefs as well as in their choice of treatments, so that it would be difficult to ascribe to them any single body of theory of disease.

Home remedies, often applied by old women, are widespread. The most popular ones are blood letting and the use of *moxa* cautery. Whenever people agree that there is "bad" blood in an adult's or child's system, it must be removed. There are many phenomena which are accounted for by the presence of "bad" blood. Visible signs such as eczema of the skin or swellings are such indications, but malfunctioning of certain organs, the stomach, liver, kidneys, can also call for the removal of "bad" blood. Mothers expose infants as young as five days to the treatment, which may be preventive as well as curative. Pointing to a bluish green area on the infant's back (not the mongoloid spot), whether real or imagined, the mother swabs the area with sake before she or the grandmother make numerous ¼-inch incisions with a razor. After the blood starts to ooze out of the tiny wounds, more sake is rubbed into the skin. The mixture of blood and sake is caught and rubbed on again and again until all the undesirable blood has been drained.

So many Taira babies have eczema that this treatment takes place

21Maretzki & Maretzki E-5 (1954-1955) 1963 AC7 Okinawa AC7
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year. On these occasions his parents take gifts of tea, noodles, and whatever else they can spare to the foster parents. During their visit the foster parents present the gift as an offering on the ancestral shrine and pray to their own ancestors, the guardians of the foster child. It is believed that this may help to offset the adverse effects of the child's own ancestors.

In spite of some treatments, such as blood letting and moxa cautery, which seem harsh to the unaccustomed observer, Taira people are extremely concerned about their sick. Illness, and most of all the need to remove the patient to the local dispensary or to a hospital in town, involves the whole family. No one likes to leave a sick person alone. His family and friends attend to him in such numbers that the small rooms are never large enough to hold all. The security given in everyday life by the presence of relatives and neighbors in the village continues during the critical period of illness. In the case of a fisherman from the south who was washed ashore in his boat after a storm, township officials kept the man continuous company in his dispensary room even though he was close to death. Female relatives cook meals and look after the comfort of a hospitalized person. This means that a young girl or an older woman will leave her usual work for days or weeks to attend the patient.

Because of intimacy in the home and visits to the sick, children are quite familiar with illness. A mother who has to go to the hospital takes her youngest child with her. After burning moxa weeds on her skin for two weeks had failed to cure a nephritic condition, one woman went to the hospital in town, taking her 8-months-old daughter although she did not have enough milk to nurse. The infant had to be given bottled milk prepared from cans. Meanwhile the older children remained under the care of their father.

There is, however, little concern with children who have minor ailments. A school child may be excused from attending classes. In one case a boy stayed home from school with stomach pains. He was happily playing with younger children in the street. One of the adult villagers walked past, stopped after seeing him, and inquired: "Why aren't you in school today?" When told by the boy that he had an upset stomach, the man ordered him to go home right away and stay inside or go to school. The boy's mother, although aware of her son's discomfort, did not pay any special attention to it.

Preventive medicine is officially the responsibility of the public health nurse. She advises people on proper preventive care, inocculates children against whooping cough, diphtheria, and other diseases. She also acts as an advisor to mothers on child care and occasionally helps with a birth if the doctor is unavailable. If a case is diagnosed as

2:Maretzki & Maretzki E-5 (1954-1955) 1963 AC7 Okinawa AC7
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There is no specific or preferred posture for nursing. While the mothers are in confinement for the brief period following delivery, they often lie next to the baby and feed him. Sitting while nursing is the most common posture, but mothers frequently nurse while standing or squatting. The baby is held loosely and the mother is relaxed. If others are about, she will carry on a lively conversation and occasionally pat the baby gently on or around the region of the buttocks. When alone, she holds the baby with one arm, talks softly, smiles, and with her other hand tugs gently at the baby's limbs. Each feeding is leisurely; the breast is never withdrawn from the infant's mouth. More often than not he suckles his fill and falls asleep. 853

It is as natural to suckle one's infant at a village meeting as it is to do so in the privacy of one's home. A common sight is that of a mother sitting and listening intently to speeches while cradling her suckling infant loosely in her arms. On buses, in market places, or at large public intervillage gatherings, one is sure to encounter such a scene. [291]

The breast is used to soothe a baby when he is ill, irritable, or in distress from pain. This was quite evident when all the babies in the village were being given a series of innoculations for diphtheria and typhoid. As the injections were given in one large open room, the cries of the infant being innoculated prompted others to cry. Invariably the mother offered the breast to the baby. 853 854 751

After the birth of a child, the mother sits at home during a short rest period, watching happily as neighbors, friends, and relatives continually drop in to admire the newborn. Sipping tea, the visitors offer bits of advice, exchange the latest gossip, ask to hold the infant, and take their leave with the standard phrase: "Take care of yourself." It is a pleasant interlude, but as the family resources begin to dwindle, there is a slight but perceptible change in the attitude of the mother toward her newborn. The constant stream of visitors, for whom tea and some small tidbits must be offered, and her nonparticipation in the regular economic activities prove to be a drain on the family budget, in spite of the fact that the mother and her husband have worked with extra diligence in the months prior to parturition. The mother begins to talk about the approaching feast day and the need to get new clothing for the older children. She asks anxiously about the condition of the firewood market and starts to plan her inevitable resumption of work in the mountains and fields. In spite of her feelings of protectiveness and pity for the young baby, she begins, bit by bit, to reinstate her normal routine. Although she continues to cuddle, kiss, and affectionately nurse the infant, she thinks of the good weather and of how she might have been able to make one more trip to the mountains 846 574 846 461 843 594

frowned and tugged at the straps that were straining at her neck muscles. 593

At a still later date, Hanako, with her baby sister strapped to her back, played on the beach. At one point, when all the children were scattered over the beach and no one else was nearby, Hanako edged up to the fieldworker and asked, "Would you like this baby, teacher? Here, take her," she said wearily. Asked why she had changed her mind, the little girl smiled shyly, squirmed uncomfortably for a moment, then whispered, "She's too heavy." Her 3-year-old sister, off in the distance at that point, began to scream and cry at being left so far behind. Hanako turned to look back once, then walked on as the 3-year-old squatted on the sand and screamed to be carried. At that moment her mother appeared to nurse the infant, and Hanako ran to her. She bounded swiftly away to the 3-year-old as the mother started to nurse the baby. Returning a few minutes later with the 3-year-old on her back, Hanako deposited her disgustedly, panting heavily from the weight. "Shall we give baby to teacher, Hanako?" asked the mother, and without any hesitation Hanako this time nodded "Yes." The mother laughed and said, "Hah, she has had enough of her already. When the baby was tiny and cute, she was so eager to carry her and wouldn't give her to you, but they all get tired of babies in time." And with that the mother began to rock the baby back and forth in her arms. Smiling affectionately, she kissed and hugged the cooing infant and murmured, "Nobody wants you, eh?" Because she was an unusually outspoken mother she confided, "I think I have had enough too, here, I give her to you!" She laughed as she continued, "How can I make money, feed and clothe the children when I have to rush back from the mountains to nurse this baby." 857 854 [594]

When the child is about 6 months old, he is subjected to a painful operation which prepares him for the introduction to solid foods. The area around the navel is moxa-cauterized. Nine little brown dots in three rows of three attest to the practice of burning a special kind of grass on the skin in this area to protect the infant from various digestive complications. The child thus treated, the mother will begin to supplement breast feedings with rice water, milky white in appearance, that is spooned out of the boiling pot of rice. Sometime later, before the child is about one, bits of sweet potato and special kinds of fish mashed between the fingers are thrust into the mouth of the infant as he sits on his mother's lap at mealtime. Gradually he is given more and more solid foods until, finally, at the age of 2 he is eating rice, unmashed fish, potatoes and vegetables, but nursing is continued until 853 [751] [262] 862 855 262

had complained to the police about this but the police had said that this was a mental disorder and therefore not their affair. The disregard shown the young boys in this case accords with Okinawan attitudes toward children discussed elsewhere; they are not developed enough, perhaps, to be corruptible. Another example is that of a male employee of a 'ryōtei' in another city who is in the habit of putting on a woman's kimono and wig and singing in a falsetto voice for the amusement of male guests. He is not known to "take guests" out is very effeminate in his ordinary manner. School girls are said to form strong attachments to one another, but there is no indication of the persistence of such relationships.

838 [858]

The terms for the sex organs, tani, "penis", and hoo, "vulva", are used rather freely by older persons, but children are expected to use them only for serious purposes. It is said that if children used the terms repeatedly in joking they might be scolded for "dirty talk". An old woman once told me, in the presence of several younger women and a twelve-year-old girl, an amusing story about an old woman who always sat with her kimono pulled up and was therefore called "Hoo-Hai Ayaa", "Mother Vulva-Visible". Everyone laughed but the girl, who looked rather embarrassed. After the battle in 1945 when American food was issued in quantities, Okinawans became familiar with wiener sausages, which they still remember with relish as tani-gwaa, "little penises". As in Japanese, the word for sexual relations is formed by adding the verb "to do" to the word for vulva. This term would not be used before children or in polite conversation.

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2. Sanitation

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An American, watching the habits of daily living of an Okinawan family, may find his first impression to be one of shock. In the morning the sliding doors that kept out any fresh air all night are pushed open and the children, dressed in the underclothes they have slept in, walk sleepily to the step and urinate off it. Father steps down and walks a few feet around the side of the house and does the same. Grandmother is already in the kitchen preparing breakfast and smoke soon fills the upper air in the main part of the house, looking for a way out in the absence of a chimney. Father goes to the well with a small towel around his neck, throws cold water over his face, and washes it with a little soap. He then brushes his teeth long and hard and puts the family toothbrush back on the hook for Mother to use later. Mother takes down the great mosquito net the family has slept under, folds up the quilts, and brings out breakfast---tea, a thin soup, and sweet potatoes. Soon tea grounds and potato peels come flying out onto the ground in rapid succession. A chicken walks in from a neighbor's yard, pecks diffidently at a potato peel, and walks on, leaving a token of gratitude behind. The sun begins to warm the air and the flies to swarm around the toilet behind the house, into the kitchen, across the remains of the family's meal in the main rooms, and around the scraps in front. Father goes to work and the older children go to school. Mother washes the dishes at the well, in cold water without soap, and leaves them to dry in the sun. Flies light on them.

[514] [515] [264] [351] [264]

751 514 343

The visitor looks into the toilet. It is an oil drum with a platform over it and a wood and canvas shelter over that. The cover is off.

•751
514 The drum is nearly full and its surface is in constant motion, a seething
343 mass of maggots. One of those men with the carts that cause you to cross
[364] to the other side of the road will come in a few days to dump it, he hopes.
574 He crosses the yard and is invited into the house. He takes off his shoes
751 and steps up onto the floor. It is surprisingly clean, he finds. A mat is
[356] spread and he sits cross-legged upon it. Tea is offered and he accepts, thinking that it must have been made from boiled water. He learns later that he was wrong. He is given a fan and perceives that its function is keeping the flies away as much as it is creating a breeze. In a spirit of friendly cooperation he and Grandfather take turns shooing the flies off the broken chunks of black sugar that have been placed before them. A larger blue-bottle fly enters and someone makes a special effort to chase
[825] it out. Should the visitor be so crude and impolite as to mention flies and in connection with the toilet, it will be pointed out that only the blue-bottle flies are hatched from the maggots in the toilet. The smaller black house-flies simply produce more flies and hence are harmless.

[264] Bananas are served and the peels follow those of the potatoes out
[315] onto the ground. Smaller children run in and out. One child comes in with its nose running. After a time Mother pulls up its shirt tail and wipes the
[737] mucus off the upper lip. The child has not been well; Mother or Grandmother may take it to the yabuu, who will burn moxa on its skin at the proper
[753] places. A neighbor's child walks by; its face and nearly hairless head are a mass of scabs and its eyes are almost shut by pus. Someone laughingly explains that this is what happens when you don't cut a baby's buttocks properly with a razor to draw out the bad blood.

The visitor is urged to take more tea and sugar. He is complimented on his interest in Okinawa and is asked innumerable questions about America. The family is eager for knowledge and for further contact. As he rises to leave, he is urged to return. He puts on his shoes, finding one slightly
[753] damp from the poor aim of the youngest child. He is cautioned to wear his hat and knows by now the unspoken fear---encephalitis---caused by too much
[296] exposure to the sun. He notices that around the well where Mother has been doing laundry a great pool of water is gradually sinking into the sand. As he picks his way across the yard he wonders if the family would not be better off living in a houseboat, preferably in a fast-moving stream.

751 Such are some of the features of Okinawan life. Yet it would be a mistake to assume that there are no standards of sanitation. There are; they
356 are simply narrower than those of most Americans. Many Okinawans do throw
751 garbage out their front doors as indicated above, but it is also true that the floor of the house is usually cleaner than many American floors. It has to be clean; people sit on it and sleep on it. People take off their shoes before stepping up onto it or if they have been to the fields barefooted
751 they may wash their feet before stepping up onto it. But the area of cleanliness ends with the step. Beyond the step is a different sort of territory.
[35] Yet even in the yard there is a limit to the amount of trash that may be al-
[514] lowed to accumulate before it is swept away. The practice of urinating in the yard is distasteful to the American observer, but there is perhaps less basis for objection to it as a health hazard. Urine is relatively harmless. Feces, however, go into the toilet. If an untrained child defecates in the yard usually someone cleans up the spot.

Three sets of factors seem to contribute to the low standards of sanitation that exist in both rural and urban Okinawa. These factors lie in the realm of knowledge, of society, and of economics. Many Okinawans very clearly lack scientific knowledge of the causes of diseases and their relation to sanitation. But it would be incorrect to say that they are simply ignorant or that they need only education. They do not regard themselves as ignorant but feel rather that they already know the true causes of diseases and their proper treatment. What they need is not merely education but re-education. Before educators can teach scientifically accurate information they must first determine what the folk beliefs are and then replace them with scientific explanations. It is not sufficient merely to add some scientific information to folk beliefs. Many Okinawans, perhaps most, have heard of 'baikin', "bacteria", and their relationship to certain diseases. But probably few see them as sufficient causes of diseases or see them as organisms subject to biological laws of life, growth, and death. Bacteria have no doubt become for many Okinawans merely contributing factors, ranged alongside ghosts, unsupported ancestors, and bad blood, in the mixture of the natural and the supernatural that constitutes Okinawan medical knowledge. 751 753

The belief that only blue-bottle flies hatch from the maggots in the toilet may not be universal on Okinawa but is certainly found among some people; one person who subscribed to the belief was a university student. This belief leads people to take pains to keep blue-bottle flies out of the house "because they contain bacteria", but to tolerate the smaller black house flies. If people believe that house flies merely give birth to more house flies, they can regard house flies as just a nuisance but not a danger. Posters encouraging people to get rid of flies because they carry disease may thus be interpreted as applying only to the blue-bottle fly. The house fly continues to infest many homes in incredibly great numbers. 751 825 753

Several persons who discussed encephalitis revealed that though they had heard of mosquitoes having something to do with it, they believed that it was mainly caused by over-exposure to the rays of the sun. The university student mentioned above was one of these persons. It is worth noting also that an announcement issued 9 May 1954 warns people that the encephalitis season is approaching and therefore everyone should beware of mosquitoes and exposure to the sun.[1]

Other beliefs regarding the cause of disease will be discussed in the next section of this chapter. Many of these beliefs rule out natural causes altogether and thus rule out sanitation as non-essential. Ignorance is therefore not a negative factor but a positive factor against better sanitation. 751 753

[1] I have no information at this writing as to whether exposure to the sun has the effect of making one more susceptible to Japanese Type B encephalitis. But even if this were the case, as it may possibly be, the point is that some, perhaps a majority, of the Okinawans believe that the sun is the sole cause of the disease, and therefore do not see encephalitis as another reason for mosquito control.

751 312 364 156 Social factors contributing to poor sanitation stem mainly from the failure of the individual in Okinawan society to take individual action. For example, four unrelated families, one of which I knew well, rented the four quarters of a house in the city. The well beside the house was badly in need of a drainage system; the water from everyone's laundry and bathing formed a large puddle around the concrete well-top and eventually sank into the ground, no doubt to re-enter the well, which of course also provided drinking water. No one made a move to do anything about this individually. Finally the owner of the house suggested that the several families join with him on a certain day in digging a drainage ditch. This was done. However, instead of digging a ditch to allow the water to run down hill and away, they dug the ditch only a few feet into a tiny field on the same level as the house and well. They did not feel that they could dig a ditch that led the water onto the land of the family who lived below, despite the fact that this was the natural lay of the land and despite the fact that the water was now sinking into the ground above the well of another neighbor. It was felt that only if all the neighbors joined to dig ditches together to allow all the water to drain to the municipal drainage ditch beside the street, only then would it be proper to let one's old wash water drain into another's yard. So far as I know this joint action was never taken.

751 364 156 At the same house, when one of the tenants moved out they dumped a great pile of garbage in front of their room. Another tenant moved into the room and, although the wife commented on the "bad sanitation" ('eisei ga warui'), for some time nothing was done about the pile of garbage. In this case the reason for inaction may have been pride rather than consideration of another's feelings. It seems likely that the new tenant felt that it was not his responsibility to remove the garbage and that it was also beneath his dignity to do so.

ooo Social factors of this sort can perhaps be attacked in two ways. First, by appealing to the individual, to his pride and his esthetic sense, and by creating a greater degree of personal identification, it may be possible to extend the "sphere of sanitation" beyond the floor of the house and out into the yard and perhaps even to the street. But this would not be an easy task. At the present time the average Okinawan is probably less embarrassed by a pile of garbage in his yard and the hundreds of flies that infest it, than he would be to be seen doing the menial task of cleaning it up. He would not feel embarrassed, however, if it were a community endeavor. And therefore as a second method of attack one might encourage more group action. But this requires the development of outspoken leadership.

178 751 744 [625] ooo It is possible that standards of sanitation are lower at the present time than before the war. Residents of the village of Yamada spoke of the "big cleanings" ('ōsōji') that were held at regular intervals before the war. On orders from the 'son' office every household in the village was obliged to clean up its house and yard and submit to inspection by the local police officer, a man who was much more feared than his present counterpart. At present clean-ups may be encouraged by the Youth Organization, Women's Organization, etc., but there is certainly less compulsion than formerly. Moreover, during the last days of the battle and for a period of

Moreover, during the last days of the battle and for a period of nearly a year afterwards the Yamada people, like most other villagers in the vicinity, lived a concentration-camp sort of existence in the very crowded and unsanitary city of Ishikawa. Then when they returned to their village they had to rebuild their houses from materials given by the Americans and from salvage. This experience undoubtedly had a bad effect on morale and perhaps also on standards of cleanliness. Yet Yamada appears to be a cleaner village than many seen in Southern Okinawa. This may be because of its less dense concentration of houses and its fairly good water system.

Economic factors can be summed up in the single word "poverty". The most modern knowledge and the best intentions are not sufficient if one has to carry water from a distance, has no money for soap, and has little strength left after the daily grind of making a living.

3. The Supernatural and Disease

The Okinawans, like all peoples, have a large body of traditional knowledge about the ills of the body and what to do about them. As among many peoples with little contact with Western science, a great many illnesses are attributed to causes that we would call supernatural. Thus before one can understand the Okinawan view of diseases one must understand some of the Okinawan concepts of the supernatural.

Concepts of the Supernatural The living human being, according to Okinawan belief, contains two entities, the mabui (or mabuyaa, possibly related to Japanese 'mamori', "guardian") and the shii (pos. ident. with Japanese 'sei', "essence"). These correspond to the Western concept "soul". According to some informants the two are the same, but then further conversation reveals a difference in usage that must reflect a difference in concept. It appears that the mabui is a discrete entity capable of being dislodged from the body without death resulting immediately. The shii on the other hand appears to have more the nature of a force that can be augmented or diminished.

What happens after a person dies is not altogether clear (see also Chapter V). According to some he becomes a "Buddha" (Japanese 'hotoke'), according to others he becomes a "god" (Japanese 'kami-sama') and ascends to Heaven. This happens if all goes well, if the person dies in a normal manner and has left no important task undone, and if his family makes the proper offerings. However, if such is not the case, he may become a ghost and haunt this world. Several terms are used for dead persons in this latter form---yanamung ("bad thing"), yanakoji ("bad wind"), majimung (?), shininchu ("dead person"), shinigami ("dead god"), shinimabui ("dead mabui"). The last term, shinimabui, contrasts with ichimabui,("live mabui"), used for the displaced mabui of a living person. All of these terms seem to mean the same thing, the dead who are not cared for and who are therefore a potential danger.

The dead who are cared for are said to ascend to Heaven (in Japanese, 'Ten ni agaru'), but they may also be present in the tomb and at

52 178 621 The general characteristics of the changed entertainment patterns have been a greater reliance on entertainment provided by sources outside the village---the school, radio, movies---and a sharp decline in celebrations and festivals of the sort which emphasized village participation and unity.

757 753 177 Health and Medicine Changes in medical practice well illustrate the principle that material things find more ready acceptance than ideas in the diffusion of culture; in short, Okinawans have been willing to adopt modern medicine when available, but not modern medical principles. Pills, shots, surgery, dentistry, penicillin, and DDT have found acceptance, while modern scientific concepts of disease, health, and sanitation seem to have made relatively little headway. The germ theory, for example, has barely penetrated.

753 751 177 However, on talking to people of different ages one becomes aware that many changes in standards of sanitation and ideas about health and disease actually have taken place in the last fifty years. For example, evidence of the practice of tattooing various parts of the body as a cure for certain ills is rarely seen on persons under seventy. Similarly, though many of the younger generation may appear abysmally ignorant of modern knowledge of disease, they are always less ignorant and better informed than the preceding generation. Considerable progress toward better sanitation was made under the [364] [231] Japanese. Formerly the Okinawan privy was built atop the pigpen, and the pig subsisted in part on human feces. Stern measures were required to force the abandonment of this practice. The Japanese also introduced monthly sanitation inspections; inoculations for babies and school children were made compulsory. [515] Through the influence of the schools the toothbrush (usually one) became a part of every home. The Japanese also sent notable scholars into the country-[582] side to lecture the people on the dangers of in-breeding practices, particularly kin-group endogamy.

757 177 Penicillin, which was introduced by the Americans, has become a popular treatment, achieving equality with moxacautery and cutting to let blood. It can be obtained easily at any drug shop, and every doctor, midwife, herbalist, and practitioner of any sort is prepared to administer shots. Reliance excessive even by American standards is placed on this drug. There seems, in fact, to be a fondness for shots which does not end with penicillin; hormone shots and various other injections are widely advertised. It is the opinion of the author that any type of modern medicine which cuts, punctures, or otherwise disfigures the skin will find ready acceptance; this, it is felt, is merely an extension of the tradition of acupuncture, moxacautery, tattooing, and cutting. Bettelheim states that in the 1850's the Okinawans made inquiries as to how inoculations for smallpox might be obtained.[1]

759 178 There is some indication that the yabu, a practitioner whose chief stocks-in-trade are herbs and moxacautery, is slowly disappearing; in several communities the author was told that since the old yabu died there had been no replacement.

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[1] Bettelheim, B. J., Loochoo Mission, London, n.d., pp. 34-36.